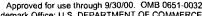
DECLARATION FOR UTILITY OR

DESIGN

Lary



1859.002

Attorney Docket Number

First Named Inventor

PATENT APPLICATION	ON L	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Num	ber	/						
	Ī	Filing Date							
	after Initial	Group Art Unit							
with Initial Filing (sure Filing (37 CFR 1 required)		Examiner Name	,						
As a below named inventor, I hereby dec	lare that:		100						
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
EXPANDABLE ELEVATING BOLSTER FOR LEGS AND BACK									
the specification of which (Title of the Invention)									
the specification of which (Title of the Invention) is attached hereto									
OR as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s) Count		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attack	hed?				
Number(s) Counti	y	(MM/DD/TTTT)	Not Claimed	YES NO					
5.			=	무 -					
		,							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY)									
			Additio	onal provisional applica	ation				
4		j	ers are listed on a						
				supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (12-97)
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DECLARATION — Utility or Design Patent Application

			<u> </u>							-1-1-			
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
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Additional U.S. or PCT international application numbers are listed on									hant Di	TO ICD IC	NO attached b		
As a named inve	entor. I he	ereby appoint the follow	vina re	egistered pra	actitioner								
and Trademark	Office co	nnected therewith:	Cus	tomer Numb	er	(s) to prosecute this application and to transact all business in the Pater 21917 Place Customer Number Bar Code					mer		
			OR Reg	istered prac	titioner(s)	name	registratio	n number lis	ted belo	<u>" L</u>	Label her		
	Name			Registr Num			Name				Registration Number		
Michael A	. Slavii	n .					Katharine Davi			is			
Ferris H. L	.ander			43,377 \			A. Ke	ith Camp	bell		52,686		
C. Fred Ro	senba	aum	1:	27,110									
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below													
Name	МсН	McHale & Slavin, P.A.											
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Country	U.S.			Telephon	e (56	1) 62	25-657	5	Fax	(56	1) 625-657	2	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Given Name (first and middle [if any]) Family Name or Surname													
Banning	nning Lary, MD												
Inventor's Signature		Buning Gray To					com Date 5-2-C						
Residence: (City	Miami		State	FL	1	ountry	USA			Citizenship	us	
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City		Miami Sta	te FL	-	ZII	3	3143		Cou	intry	USA		
Additional	l invento	rs are being named	on th	nesu	pplemen	tal Ad	ditional l	nventor(s)	sheet(s) PTO/	SB/02A atta	ched hereto	

Nam of Additional or Joint Inventor, if any:	DAP	etition has be	een filed for this unsigned inventor.					
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Aniceto Fotovon Fornandoz	ez ez	7						
Inventor's Date								
Signature (enceto E. Ternainale 6/7/0								
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